2026 Annual Inspection & Preventive Maintenance for MEDONIC Analyzer

Complete Form in its entirety.

Account Name: _____

Instrument current address: _____

M Series Serial #: _____ Manufactured Date:_____ Open Tube / Close Tube :_____

Is the analyzer currently facing any issues? If yes, please describe the issue below:

Provide two preferred dates for PM scheduling.

PM Date 1:_____ 9:00 AM: ☐ 12:00 PM: ☐ **Or** PM Date 2:_____ 9:00 AM: ☐ 12:00 PM: ☐

Contact Name:(PRINT) _____ Phone: _____

Account e-mail(req'd):_____

Annual Inspection & Preventive Maintenance
What's Included:

- Remove and Install New Tubing for all pinch valves
- Check and Measure pressure pump condition
- Check WBC/RBC Offset Gain voltages
- Check and Measure condition of Waste/Vacuum Pumps
- Inspect and calibrate the HGB sensor
- Inspect & Clean the Diluent and Waste Pump Filters
- Inspect all internal tubing and fittings
- Clean and examine microcapillary adaptor "O" ring
- Inspect waste tubing and replace if needed
- Inspect and clean the cap pierce module, if applicable.
- Inspect sensors on the Diluent & Lytic intake tubes
- Guide lab technicians on proper cleaning & maintenance
- Provide a comprehensive PM Report for lab records
- Offer phone-based operational technical support

Please Name and Sign below

12 Month PM Flat Rate Cost: $1199.00 + tax. (Includes PM parts, Labor and Travel)

PM Authorized (name req'd): _____ Signature(req'd): _____ Date: _____

Scheduled PM duration ≈ 4 hours

Please notify medical providers that the ***analyzer will be unavailable*** for blood testing for approximately **four hours**. I kindly request space outside the lab for the PM to minimize disruption to lab activities.

Please send PM Form via email to: PhysiciansLES@gmail.com

Physicians Laboratory Equipment Services **Ph: (956) 739-7749** - e-mail: PhysiciansLES@gmail.com